

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		↓		↓	
TOTAL DEP.	34	↔		↔		↔
TOTAL CLAIMS	44					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS